

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 5-1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

1. PLACE OF DEATH
County..... Registration District No.....
Township..... Primary Registration District No.....
City *St Louis* (No. *Central Hospital*) St. Ward) (If nonresident, give city or town and State)
2. FULL NAME *Baby Trantman*
(a) Residence, No. St. *N.R.* Ward. *Verde Coeur Sup.*
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 19 1937*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) *Central Hospital* (STATE OR COUNTRY) *St Louis Mo*
FATHER
13. NAME *Edward Trantman*
14. BIRTHPLACE (CITY OR TOWN) *St Louis Mo* (STATE OR COUNTRY)
MOTHER
15. MAIDEN NAME *Celeste Hoeckelman*
16. BIRTHPLACE (CITY OR TOWN) *St Louis Mo* (STATE OR COUNTRY)
17. INFORMANT *Pete Trantman* (ADDRESS) *Verde Coeur*
18. BURIAL, CREMATION, OR REMOVAL
PLACE *St Monica* DATE *Feb 20 1937*
19. UNDERTAKER *Baumann Brothers Inc* (ADDRESS) *Overland Mo*
20. FILED 19..... Registrar. *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 19 1937*
22. I HEREBY CERTIFY, That I attended deceased from *Feb 19 1937* to *Feb 19 1937*
I last saw her alive on *Feb 19 1937*. Death is said to have occurred on the date stated above, at *10:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Stillbirth
Date of onset
Other contributory causes of importance:
Rotenpfe - Aug 2
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *T. J. Kuep*, M. D.
(Address) *4563 Washington*

FEB 20 1937

Dr Knap

Engel's Paper

Breimann und G.